

National Institute on Drug Abuse
College on Problems of Drug Dependence

Tutorials Workshop 2010

Scottsdale, Arizona
June 12, 2010

Application Form

Please print clearly in blue/black ink or type.

FIRST NAME: _____ LAST NAME: _____

CHECK ONE:

___ NIDA NRSA FELLOW OR TRAINEE ___ NIDA DIVERSITY SUPPLEMENT RECIPIENT

NIDA GRANT #: _____

MENTOR/SPONSOR: _____

POSITION TITLE: _____

NAME OF INSTITUTION: _____

E-MAIL ADDRESS: _____ PHONE: _____

DEGREE (BS/MS/PhD/MD/Other Doctorate): _____

YEAR CONFERRED (e.g. 2009): _____

DISCIPLINE (e.g. neuroimmunology): _____

LENGTH OF TRAINING (YEARS): _____ PREDOCTORAL: _____ POSTDOCTORAL: _____

YEARS REMAINING IN CURRENT PROGRAM: _____

ARE YOU SCHEDULED TO PRESENT AT THE 2010 CPDD? _____

TITLE OF PRESENTATION/POSTER (if presenting): _____



HAVE YOU PREVIOUSLY APPLIED FOR THE NIDA DIRECTOR'S AWARD? _____

IF YES, WHAT YEAR(S) DID YOU APPLY? _____

WHAT YEAR(S) DID YOU RECEIVE THE AWARD? _____

HAVE YOU APPLIED FOR ANY OTHER TRAVEL AWARD TO CPDD (FROM ANY ORGANIZATION) THIS YEAR? _____

IF YES, WHICH ONE(S) DID YOU APPLY FOR? _____

BRIEF STATEMENT OF RESEARCH INTEREST (100 WORDS OR LESS):

WHAT WILL YOU GAIN FROM ATTENDING THE MEETING AND THE TUTORIALS WORKSHOP (100 WORDS OR LESS):

E-mail to: Dr. Ghim at ghimm@nida.nih.gov

Subject Heading: 2010 NIDA Tutorials Workshop and Travel Award

Deadline: Thursday, March 18, 2010 at 5:00 PM (Eastern time).

E-mail confirmation of receipt will be sent by the end of the next business day. If you do not receive a confirmation, your application has not been received.

